

**Family Planning
Provider Type 32
907 KAR 1:434**

Information about the program:

- The facility director must sign all forms.
- Provider must have "bricks and mortar".
- Provider can only be an entity - NO INDIVIDUALS

Additional information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- W-9 form
- An Administrative Director
- A minimum of one Physician
- A minimum of one Registered Nurse
- Need applicable licenses for the above referenced professionals
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602